

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>BS</i>	<i>67369</i>	<i>14/29</i>
RESPONSE FORMALITY REVIEW	<i>HA</i>	<i>858</i>	<i>7/20/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

*30851*  
*07/20/01*

If more than 150 claims or 10 actions  
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